

Summary

Annual National Report on the Drug Situation (Edition 2008)

The report on the Drug Situation in the G. D. of Luxembourg has been edited by the Luxembourgish focal point of the EMCDDA and provides an overview of current developments regarding the political and legal framework, the epidemiological situation, demand reduction interventions and selected key issues of current interest in the fields of drugs and drug addiction.

Political, legal and organisational framework

Following the parliamentary elections of June 1999 the government entrusted the Ministry of Health with the overall coordination of drug-related demand and risk reduction actions. This led to the creation of the national drug coordinator's office in 2000.

The 2004 governmental programme has introduced no changes concerning competences in the drugs field and constituted the framework for the elaboration of the strategy and action plan 2005-2009 for the fight against drugs and drug addiction. **The national strategy and action plan 2005-2009** relies upon the priorities of the Ministry of Health and a sustained collaboration with field actors and civil society. In order to optimize its impact, the new action plan has taken into account relevant issues from EU and EC treaties, **the EU anti drugs strategy 2005-2012** and the **EU drugs action plan 2005-2008** having been endorsed under the Luxembourg presidency. The general aim of the national strategy and action plan is to contribute to a high level of protection in terms of public health, public security and social cohesion.

An effective drug strategy should rely on **two pillars**, namely on demand reduction and supply reduction as also on **four transversal axes**: risk, damage, nuisance reduction, research and information, international relations and finally coordination mechanisms. The national drug coordinator, jointly with the Interministerial Committee on Drugs (ICD), follows up the implementation process of the national drug action plan. In 2006 the national drugs coordinator has been appointed chair of the ICD.

The **global budget of the Ministry of Health** granted to drug-related services and programs went up from 1,270,169 EUR in 1999 to 5,770,643 - EUR in 2004, indicating a progression rate of 354% since 1999. The 2007 budget figures 6,689,000.- EUR. In regard to the 2008 budget, 7,288,000 - EUR have been allocated to concerned services representing an increase of 9% compared to 2007. Human resources dedicated to specialised state financed drug agencies have known a significant increase from 30.75 full time posts in 2000 to 78.5 in 2008.

Epidemiological Indicators

The total number of drug users in the world (last year prevalence) is currently (2007) estimated at some 208 million persons, equivalent to about 5 percent of the global population aged 15-64. For 0.6 % of the referred population drug use is qualified as being problematic. Cannabis remains by far the most widely used drug (some 165.6 million people), followed by amphetamine-type stimulants (\pm 33.7 million people), which include amphetamines (\pm 24.7 million people) and ecstasy (9 million people). The number of opiate abusers is estimated at 16.5 million people, of which 12 million are heroin abusers. Around 16 million people are cocaine users.

In the last decade, the most important increase besides cannabis, applies to ATS (including ecstasy) followed by cocaine and opiates, although ATS seem to be stabilising according to latest data. A similar evolution is observed within the EU and the micro-geographical level of the Grand Duchy of Luxembourg, however, accompanied by more or less sustained local variations in prevalence.

National drug prevalence in the general population

Drug prevalence in school population and in general population

Comparable data from national school surveys conducted between 1992 and 2000 has been showing increasing lifetime prevalence in young people (16-20 years) for all common illicit substances. Use of opiates in school populations is consistently very low.

According to still incomplete data from a most recent school survey (HBSC, 2006) a higher proportion of 15 years old students report repeated lifetime drunkenness if compared to the data from 2002 HBSC, 2002). In reference to the same serial surveys last 12 months prevalence (18%) of cannabis use in 15 years old youngsters witnessed a decline of 3.8 %. A large scale and representative survey in general population is foreseen for 2009-2010.

National prevalence of problem drug use (PDU)

Data on institutional contacts and drug treatment demands

The **number PDUs contacts** indexed by national institutions in 2007 figured 4,758 (2002: 4,701) (in this figure double counting is included meaning that a given person could have been indexed twice and more by different institutions. It is thus not representing the actual prevalence, which has to be assessed by other methods). For comparison, 2,383 users have been indexed by national specialised drug demand reduction agencies and 2,318 drug law offenders by supply reduction agencies in 2002.

In 2007 the same agencies have indexed 2,859 and 1,687 persons respectively. Overall the number of persons showing drug related contacts with DR or SR agencies in 2007 is showing an increase after 4 years of slow decrease. This situation is mainly due to a sensible increase in drug treatment demands whereas contacts with law enforcement agencies have been stabilising. The number of substitution treatment demands has also been fairly stable over the last 5 years. Outpatient counselling demand increased sensibly and so did the number of contacts in low threshold services, having reached 60,000 in 2007. 14% (10%) of respondents are first treatment demanders.

If institutional contacts, including treatment demands and drug law offences, are applied as an indicator in conjunction with contextual data, further developed in the present report, it is reasonable to presume that the national PDU prevalence has not significantly increased over the last 5 years and currently situates between 2,500 and 2,800 persons.

Socio-demographic profile of PDUs

The male/female ratio of the PDU population is 3:1. The last ten years the proportion of indexed non-native PDUs has been showing strong variations but a clearly increasing tendency since 2003, which showed signs of stabilisation in 2007. The population of non-natives drug users largely consists of Portuguese nationals, a proportion constantly increasing until 2004. Although the referred proportion stabilised since then, it is still consistently higher than the one observed in the general population. Notably, one observes a remarkable increase of PDUs of French origin (23%). This trend is confirmed by data on drug law offenders over the last 7 years.

The **mean age** of indexed PDUs evolved from 28 years and 4 months in 1995 to 30 years and 9 months in 2007. The gap between youngest and oldest PDUs continues to grow, notably due to the increase of PDUs aged 40 and more. One observes an average aging of the population of long-term drug injectors and a sensible decrease in age referred to "new" PDUs. Worth mentioning is also a significant increase of the mean age of overdose victims and an important but currently decreasing proportion of minors among drug law offenders until 2006, with a weak increase in 2007. For the second time in succession since reliable data are available, **rates of first cannabis use**, in **11-13 years** old youngsters went beyond 35%. Respectively 89% and 44% of current PDUs have tried cannabis and heroin (i.v.) while being minor of age. In 1995 the same proportions figured 71% and 23%. Most interestingly, evolution of drug use patterns tend to accelerate in terms of shorter time spans separating first non-iv use from first iv-use. This acceleration is also observed as far as first treatment demands are concerned. PDUs tend to contact drug treatment facilities at an earlier stage, which may be due to a more diversified offer currently available.

The **residential status** of indexed respondents has improved over the last years. In 1995, 31% of the users reported stable accommodation; in 2007 the same proportion figures 73%. This improvement is partly due to various accommodation and housing offers for addicted people set up in the framework of the drug action plan.

All indicators included, **employment status** of PDUs suggest a weak improvement in 2007, as the rate of PDUs with a stable job shows an increase of 10% compared to 2006 data. After a high level stabilisation (46-50%) during the past 5 years and even a new increase in 2006 (67%), the **unemployment rate** has decreased in 2007 (23%), as only PDUs benefiting from unemployment allocations have been considered.

Problem drug use prevalence and consume trends

The first national multi-methods PDUs prevalence study, published in 2001 (Origer 2001), provides a prevalence rate of 8.42 per thousand inhabitants aged 15-64 (absolute figure 2,450 PDUs). According to indirect follow-up indicators (Origer, 2005), **prevalence figures** applied to the national population aged 15-64 currently situate between 2,500 and 2,800 PDUs.

Intravenous heroin use associated to **poly-drug use** has been reported as the most common consume pattern in PDUs. As already reported, the switch to intravenous drug use occurs earlier. The ratio of intravenous opiates consume to the inhalation mode has stabilised at 5:3. The prevalence of the use of cocaine as primary drug increased until 2005 and from there on tends to stabilise.

The number of persons in contact with the national specialised network for (preferential) **cannabis** use had known a sensitive increase at the beginning of the 21st century but decreased again to stabilise between 2005 and 2007. **Amphetamine** type substances and ecstasy are only weakly represented, which, however, does not inform about prevalence in general population as RELIS data refer to PDUs and not to the overall population of recreational drug users.

The proportion of **poly drug use** (89% in 2007) stabilised at high level after a record level of 92% in 2004. The average ages at **first time consumption** of a preferred drug and illicit drugs in general, show a slow but continuous decrease for the last 8 years with a tendency to stabilise. In 2007, age of first use of cocaine (iv/non-v) and heroin (iv) shows a weak decrease. For non-intravenous heroin, the mean age at first consume shows a clear decrease of 3–4 years in 2007. The average age at first cannabis use (almost 1/3 of respondents were not older than 13 at the moment of first cannabis use) after having decreased for several years, tends to stabilise. In general, the proportion of PDUs older than 39 years and users less than 19 years is increasing continuously as well as the gap between these two groups.

Drug-related morbidity and mortality

HBV (hepatitis B) and the HIV/AIDS prevalence among PDUs have not been increasing in recent years while the **infection of HCV (hepatitis C)** showed a clear progression. Data from the Laboratory of Retrovirology of the CRP-Santé suggest a long term and discontinuous decreasing tendency of average proportion of IDUs in newly diagnosed HIV cases until 2004. HIV infection rates in IDUs situate around 4 percent and are witnessing a currently stable trend. A recent study (Origer and Removille, 2007) based on serological testing, confirmed a significant increase in HCV prevalence in PDUs and IDUs during recent years, especially in prison settings.

The implementation of the 2000-2004 and 2005-2009 action plans has been accompanied by a significant decrease of **overdose cases** in the Grand-Duchy of Luxembourg (2005: 8 cases). This decrease was mainly observed in male victims, the number of female overdose victims has remained fairly stable for the last 6 years.

In terms of number of overdose cases in the general population of the Grand-Duchy of Luxembourg, this proportion figured 1.76 overdose deaths per 100,000 inhabitants in 2005 (2000: 5.9 cases per 100,000 inhabitants). In 2007, however, 5.67 (2006: 4.13) acute od cases per 100,000 inhabitants were registered, which represents a two year increasing tendency likely to be confirmed by 2008 figures. An expert working group analysed possible reasons for this evolution and stressed the impact of high purity variation of street drugs currently on the market and generalized polydrug use including a series of prescription drugs with potentially dangerous interactions patterns with illegal drugs. **Forensic data** from 1992 to 2007 show that the most frequently involved substance in drug-related death is heroin, followed by methadone and cocaine. Since 2000, methadone traces in blood samples of overdose victims have been increasingly detected.

The vast majority of overdose victims are male (74%) and their mean age at the moment of death has been showing an important increase over the past 10 years (in 1992: 28.4 years and in 2006: 32.3 years). The number of victims aged less than 20 years remained relatively unchanged and the proportion of those older than 35 has been increasing during the retained observation period. A confirmed majority of acute drug death victims are known by law enforcement agencies for their drug user “career”, with average durations of 10 years. Worth mentioning also that more than 80% of the known victims followed at least one treatment before their death and half of the latter had an accommodation that could be qualified as stable. A confirmed majority of drug-related victims are natives. During the entire observation period Portuguese citizens stand in second place, followed by Italian and French natives. Recently, one could observe an increasing number of victims from border countries (BE, DE, F) and a decreasing number of victims of Portuguese origin.

In 2007, 11 **indirect drug death cases** have been indexed. Main causes of indirect deaths between 1996 and 2007 are, in order of importance: suicide, traffic accidents, undefined intoxication, associated cardiovascular or pulmonary complications, drug (pharmaceutics) addiction, liver failure and immune deficiency diseases.

The overall number of indexed direct and indirect drug death cases informs about **drug-related mortality**. Drug-related mortality prevalence has been showing small variations between 1996 and 2005 figuring roughly 26 to 33 cases per year. In 2007, 38 drug-related deaths have been reported (27 direct and 11 indirect drug related death cases).

Law enforcement indicators¹

Seizures of illicit substances at the national level

Great variations have been observed as to the **quantity of illicit substances seized** since the beginning of the nineties. A longitudinal data analysis indicates a general decreasing tendency of heroin, cocaine and cannabis seizures until 2002². Since 2002 however, one observes a significant increase in the quantity of drug seizures mainly concerning heroin and herbal cannabis. Cocaine seizures (quantity) are highly variable since the beginning of the nineties.

In terms of quantity **seizures** of heroin have been fairly stable since 2000 and even decreasing as far as cocaine and cannabis are concerned. The number of seizures did not show significant variations during the same period, with the exception of cannabis going up. Also, the number of offenders involved in seizures has been showing an overall decreasing trend. This may suggest that greater quantities of drugs are trafficked by smaller groups of traffickers. A confirmed majority of offenders are involved in cannabis traffic and are non-natives.

The important increase quantity of ATS seized in 2006 could not be confirmed by 2007 data. The first national seizures of **ecstasy type substances** (MDMA, MDA, etc.) were recorded in 1994. The availability of ecstasy appeared to soar between 1994 and 1996 however stabilization at low level occurred over the last decade.

Drug law offenders and prison sentences

The **number of police records** for presumed offences against the modified drug law of 1973 went from 764 in 1995 to 1,372 in 2007. A similar evolution has been observed with regard to the number of drug law offenders. In 2007, 226 (225 in 2006) arrests for presumed offences against the modified 1973 drug law have been reported. However, in recent years, the number of police records, the number of drug law offenders and the number of persons arrested for the same charge have stabilised or even decreased.

88% of drug law offenders are male, a proportion which has been varying between 79% and 90% during the last ten years. Since 1998, the proportion of **non-native drug law offenders** went from 52% to 68% in 2007. 32% (30%) of the registered cases were **first drug law offenders**; the percentage of **minors** in drug law offenders has increased from 5.4% in 1993 to 13.8% in 2003 and decreased again to 6.8% in 2007. National prison data of 2007 refer to 1,030 (1,043) new admissions of which 212 (20.6%) were related to drug law offences; a proportion having represented 42.6% in 1996.

¹ If not specified, data refer to 2007. Figures between brackets refer to 2006 if not otherwise specified.

² Non-transit drugs destined to the national market

Profile of the national drug market

According to observational data provided the Judicial Police and all decentralised national police units, a majority of **illicit drugs consumed in the Grand Duchy of Luxembourg originate** from the Netherlands, followed by Belgium and Morocco. Heroin consumed in Luxembourg originate primarily from Afghanistan, Laos and Myanmar. Cocaine distributed on the national illegal market originates mainly from Brazil and ATS like substances mostly come from the Netherlands followed by Poland and the Czech Republic. The road network is still the main transport and transit route of drugs destined to the national market.

For several years, expansion of **more structured distribution networks** by organized criminal associations has been reported. The national market increasingly attracts “drug professionals” aiming to set up a purely commercial distribution network. The proportion of non-natives involved in drug trafficking has been increasing over the last four years and may be stabilising according to 2006 and 2007 (72%) data. Asylum demanders implicated in illicit cocaine trafficking mainly originate from West African countries, particularly the Ivory Coast.

In regard to heroin trafficking, no predominant profile of nationality has been reported. A large number of drug traffickers come from North Africa by transiting through Belgium. Numerous traffickers have changed from heroin to cocaine traffic and currently are also involved in cannabis traffic. Given the geographical position of Luxembourg, the national police forces closely cooperate with border countries and the Netherlands and do participate in large scale joint operations in the framework of international policy cooperation agreements aiming at the setup of a surveillance and intervention mechanism to fight illicit drug traffic originating from the Netherlands and drug trafficking and consumption at the regional level.

Overall, the national **drug market has become of more aggressive nature** in terms of selling techniques. Dealers increasingly tend to actively approach confirmed or potential clients. More recently ethnic groups join to improve their drug distribution strategies whereas previously none of these criminal groups actively searched contact with other groups. Moreover it has been noted that traffickers tend to delocalize their selling points to locations or settings less visible for police as for instance private flats or bars.

Compared to the situation in 2003, **purity** of heroin and cocaine has remained fairly stable. Attention has to be paid to the striking differences in maximum and minimum purities as well as to a historically high maximum concentration of THC (over 30%) in herbal cannabis samples seized in Luxembourg in 2007. **Prices** show broad ranges for heroin and cocaine, and a still ongoing decrease for ecstasy like products. Cannabis and derivatives however have known certain stability during the last 5 years as far as street prices are concerned.

Since 2003, no new clandestine drug laboratory has been dismantled thus far. In 2006 and 2007 significant quantities of magic mushrooms and khat (60kg) have been seized in Luxembourg. The perceived illicit drug availability in general population is high and follows a weakly increasing trend according to recent surveys.

Harm reduction activities

The number of **sterilised syringes** (2007: 288,247/ 1996: 76,259) distributed in the framework of the national needle exchange program has been constantly rising from the start of the latter until 2005. The same trend has been observed with regard to the number of used syringes collected [2007: 260,252 (90%)/ 1996: 28,646 (38%)]. An increasing majority of injectors (34%) procure their syringes in specialised agencies followed by pharmacies and automatic dispensers. The **number of contacts** registered by low threshold structures has increased dramatically over the last 10 years and literally exploded from 2004 onwards (2007: 60,405 / 2005: 47,730/ 1996: 6,456). The number of syringes distributed by the same agencies has been following a similar evolution although stabilising for the first time in 2005 and decreasing in 2006 and 2007.

The number of clients of the national **methadone substitution programme** went from 30 in 1993 to 113 in 2007 (decreasing since 1998). In addition to the methadone substitution programme financed by the Ministry of Health, PDUs also address substitution treatment demands to **licensed GPs**. Data delivered by the Union of Health Insurance Funds refer to 979 different patients who did receive substitution treatment in 2007 (2002: 889 patients) by means of the prescription of methadone or buprenorphine containing medicaments by 122 prescribing GPs (1999: 125).

Most Relevant Trends

All indicators included an overall stabilization of PDU prevalence has been observed over the last 5 years. An increasing number of PDUs enter treatment or use low threshold offers and less come in contact with law enforcement agencies.

Intravenous opiate use remains the predominant PDU pattern. However, quality of street drugs went down, which had as a consequence an overall spread of polydrug use. The number of drug-related deaths reached 27 cases in 2007 signing as in many EU countries a last 2-years increase, which as far as Luxembourg is concerned seems not to be associated to an increasing overall PDU prevalence, but to an overall aging of heroin users, high variations in the purity of street drugs, and to generalised polydrug use including non therapeutic use of prescription drugs, presenting dangerous interaction effects with illicit substances' use.

There is great concern about infectious diseases in drug users and in particularly IDUs. HIV is low and stable; however, hepatitis C in PDUs has been increasing continuously. Latest research results based on serological testing (Origer & Removille, 2007) suggest HCV infection rates over 70% and even higher prevalence rates in prison populations.

The national drug market is led by more aggressive selling techniques and distribution strategies due to improved collaboration between criminal groups of different ethnic origins previously operating independently. A tendency to move selling points to locations or settings less visible for police as for instance private flats or bars is also observed in this context. Attention has finally to be paid to the striking differences in maximum and minimum purities of street drugs as well as to a historically high maximum concentration of THC (over 30%) in herbal cannabis samples seized over the last 2 years.

The most relevant developments at the response side result from the implementation of the national drug strategy and its associated action plans. Over the last years counselling and specialized care networks have been developed, which had as a positive and proven consequence that PDUs start treatment at an early stage of their drug career. Coordination mechanisms have been reinforced between NGOs and national authorities and evaluations mechanisms are put in place. Drug action plans have allowed disposing of financial means that have known a disproportional increase compared to the time preceding drug action plans. If primary prevention is considered most important, there have been visible improvements in early intervention measures. Major efforts have also been made in the diversification of care offers and finally harm reduction measures have been significantly developed. Housing offers and reintegration programmes have obviously contributed to improve socio-professional situations as document by latest RELIS data. Substitution treatment, special care and low threshold offers have been decentralised and continue to be so.